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FACSIMILE TRANSMISSION

TO: Examiner Rosanne Kosson
Art Unit 1651

FROM: Jonathan M. Hines
Reg. No. 44,764

DATE: February 21, 2005

FAX NO: (703) 872-9306

RE: Our File No. 3143/1; U.S. Serial No. 10/701,845

CONFIRMATION COPY
TO FOLLOW:

YES

NO

✓

NUMBER OF PAGES Cover +

18

MESSAGE: Please see the attached Amendment for U.S. Serial No. 10/701,845 filed in reply to Office Action dated September 20, 2004.

Also, please confirm receipt of this facsimile. Thank you.

If any problems in transmission occur, please contact

Kris Pierce,

Legal Assistant

[Acct. Code 2021]

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

18

Application Number	10/701,845
Filing Date	11/05/2003
First Named Inventor	MAGRI, Juan Bautista Mario Lucio
Art Unit	7788
Examiner Name	KOSSON, Rosanne

Attorney Docket Number

3143/1

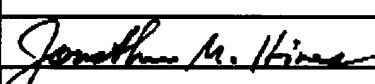
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Facsimile Cover Sheet
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

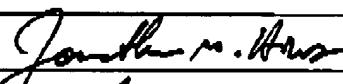
Please charge any additional fees to Deposit Account No. 01-0265.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ADAMS EVANS P.A.		
Signature			
Printed name	Jonathan M. Hines		
Date	February 21, 2005	Reg. No.	44,764

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	JONATHAN M. HINES
Date	February 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

225.00

Complete if Known

Application Number	10/701,845
Filing Date	11/05/2003
First Named Inventor	MAGRI, Juan Bautista Mario L.
Examiner Name	KOSSON, Rosanne
Art Unit	1651
Attorney Docket No.	3143/1

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 01-0265 Deposit Account Name: Adams Evans P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180